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ABSTRACT

This report provides an external evaluation of the fourth year (March 1, 1999-February 28, 2000) of the Native Hawaiian Safe and Drug-Free Schools and Communities Program (NHSDFSCP). Previous evaluations recommended emphasis of three program components: (1) information development and dissemination; (2) education; and (3) school and community-based processes. Based on these components, three goals were formulated: 1) increase knowledge of the dangers of using alcohol, tobacco, and other drugs (ATOD) and of violence, and increase cultural awareness through use of culturally appropriate prevention materials; 2) reduce ATOD use and violence-related behaviors among Native Hawaiian youth by providing direct, culturally appropriate educational services at high-need schools and communities; and 3) build the capacity of schools and communities to provide safe and drug-free activities for Native Hawaiians. These goals were refined into 10 measurable objectives. Results show that the NHSDFSCP met three of its eight objectives for which data were available. The objectives that were not fully met included increased knowledge of the dangers of ATOD use, intended involvement in violent behavior, increased cultural awareness, and increased knowledge of the dangers of violence-related behaviors. However, the findings for these objectives fell within 2-8 percent of the 80 percent targets. Overall, the program achieved its desired outcomes and met its three goals. A separate chapter presents commendations and recommendations. Two appendices present milestone achievement analysis and client feedback. (Contains 28 figures and data tables.) (TD)

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Native Hawaiian Safe and Drug-Free Schools and Communities Program

End of Year Evaluation Report

1999 – 2000

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Prepared By:

PACIFIC RESOURCES FOR EDUCATION AND LEARNING
Ali'i Place ◆ 25th Floor
1099 Alakea Street ◆ Honolulu, Hawai'i 96813
Phone: (808) 441-1300 ◆ FAX: (808) 441-1385
E-mail: askprel@prel.org ◆ WEBsite: http://www.prel.org

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1999-2000 Evaluation of the Native Hawaiian Safe and Drug-Free Schools and Communities Program: End of Year Report

Executive Summary

This report provides an external evaluation of the *Native Hawaiian Safe and Drug-Free Schools and Communities Program* (NHSDFSCP). The NHSDFSCP is currently in the fourth year of a funding cycle that began in 1996. This report is based upon data from the entire program period March 1, 1999 – February 28, 2000, and is meant to serve as a comprehensive report to augment the three-quarter report completed by Pacific Resources for Education and Learning (PREL) in January 2000.

The purpose of this report is to answer a fundamental question:

Did the program achieve its stated measurable goals and objectives?

Further, the report will present evidence on the effectiveness of each of the major program components and make commendations and recommendations for future program development.

In summary, data were available on eight of ten program objectives as of the end of the 1999 – 2000 program year. The results show that the NHSDFSCP met or partially met three of its eight stated objectives for which data were available. The objectives that were not met included increased knowledge of the dangers of Alcohol, Tobacco, and other drugs (ATOD) use, by those receiving materials only and those who participated in educational activities; intended involvement in violent behavior; increased cultural awareness; and increased knowledge of the dangers of violence-related behaviors. However, the findings for these objectives fell between 2% and 8% of the 80% targets. It may be concluded that the program achieved its desired outcomes and met its three overall goals.

The goals and related outcomes were further specified in the component evaluation sections. The goals and activities of the NHSDFSCP reflect its alignment with the strategies promulgated by the Center for Substance Abuse Prevention (CSAP). Although the program carries out some activities under all six of the CSAP strategies, previous evaluations recommended that the program emphasize three components. These three strategies effectively define the essence of the NHSDFSCP.

- Information Development/Dissemination

- Education
- School/Community-Based Processes

A review of program activity form (PAF) data gives an overview of program-related activities in terms of the six Center for Substance Abuse Prevention (CSAP) strategies, as well as in terms of other relevant variables. The relative proportion of persons served related to each of the six components is illustrated. They provide support for the program emphasis on Information Development/Dissemination, Education, and School/Community-Based Processes and Approaches. In total, these three components represent services provided to 99 percent of all involved with the program.

In addition to the PAF data, a "Milestone Achievement Analysis" was conducted to compare planned program activities with their actual implementation. By the end of the current funding cycle the program anticipates the completion of 27 of 35 planned activities (77%). Another five activities (14%) are either ongoing or partially completed, two (6%) will be carried over, and one (3%) has been cancelled.

The results for each of the three major components are presented and are summarized below:

Conclusions: Information Development/Dissemination

As of the first three quarters of the program year, NHSDFSCP has met its desired outcomes for this component. This is one of the three components receiving the most program emphasis. Through this component, the program is responsive to a frequently expressed need in the schools and communities served for prevention materials that are culturally appropriate for the youth of Hawai'i. The NHSDFSCP researches, produces, and makes widely available materials that are particularly appealing to youth of Native Hawaiian ancestry. Other materials are also made available. The increasing numbers of such materials in circulation and the increasing use of the resource libraries are a testament to the effectiveness of the program in the area of information development and dissemination.

Conclusions: Education

Education remains the cornerstone of the NHSDFSCP. The workshop evaluation forms provide evidence that the participants feel that the experience had an impact on them, on their knowledge and beliefs, and on the decreased likelihood of their being involved in both alcohol and other drugs and in violent behaviors. The ***E Ola Pono*** evaluation shows preliminary evidence of impact on students' knowledge of Hawaiian concepts and values as well as reduced involvement in violent behavior for elementary school students.

Conclusions: School/Community-Based Processes and Approaches

This component represents a major strategic thrust of the NHSDFSCP. The program is very effective at collaboration with similar agencies and within specific communities. This affiliative approach is both cost efficient and highly valued within the Hawaiian social system. This component has also stimulated the funding of research upon which to rationally develop and apply program plans. Finally, in terms of increasing the knowledge and skills of teachers, those who have been the direct recipients of curriculum training are overwhelmingly favorable about the training and its potential for having a positive impact on students.

Commendations and Recommendations

Commendations

1. The NHSDFSCP Director is commended for her firm commitment to sound program planning based on outcome data and needs assessment results. She has maintained the use of the Logic Model approach to program and evaluation planning. Each year the program has been able to set clearer outcome objectives, and this year they were able to meet three out of eight of those for which data were available at the end of the program period. The ones not met were within 8 percentage points of criterion. This is impressive in that baseline rates for these particular outcome targets had not been previously established.

2. The program is commended for its application of needs assessment information. From the beginning the NHSDFSCP has been guided by continuous needs assessment efforts. These have included monitoring Native Hawaiian student and adult involvement in alcohol, tobacco, and other drug (ATOD) use and violence as well as community-felt needs. Needs assessment provided the information that allowed the program to focus on those schools and communities with a high number and proportion of Native Hawaiians.

3. One of the first clearly defined needs was for information on ATOD use and violence to be presented in forms that were culturally sensitive and locally relevant. Accordingly, the program spent much time in developing new materials based upon Hawaiian or local cultural themes. The program is commended for the cultural relevance of these materials.

4. The Alcohol and Drug Abuse Division notes that "improvements in alcohol and drug education must occur at *both* the school and family level" (Klingle & Miller, 1999, p. 18). Consistent with this recommendation, the NHSDFSC program is commended for its development of a school-based version of their ***E Ola Pono*** program that includes parents.

5. A related recommendation by the Alcohol and Drug Abuse Division is that "comprehensive school-based substance abuse prevention programs must begin no later than the fourth grade" (Klingle & Miller, 1999, p. 27). The NHSDFSC program is emphasizing development of its program for fourth graders and is developing "boosters" against substance use to occur

thereafter at strategic points through middle and high school and is commended for this initiative.

Recommendations

1. It is recommended that the program carry out a more intensive, observational assessment of the ***E Ola Pono*** curriculum. This should be done using program developers as teachers or in direct support of teachers so that they have a better on-site sense of the implementation of the curriculum.

2. Now that the ***E Ola Pono*** curriculum has been pilot-tested and refined, it is recommended that the program initiate a longitudinal study of its long-term effects on students. The limitations of a one-semester intervention and pre and post measurements are obvious. Whether the program provides long-term protective or preventive benefits can only be seen by following carefully constructed samples of students through their high school years – possibly even beyond. Long- term outcomes to be followed might include school attendance, grades and achievement, and participation in extra-curricular activities.

3. The effect of the ***E Ola Pono*** curriculum should be bolstered by a greater repetition of its component lessons. This repetition might take the form of a longer intervention or periodic booster sessions to critical program features following initial exposure to the curriculum.

4. A need for instrumentation revision was evident after the pre-test data collection period. Teacher interviews revealed unanticipated problems with the instrument including its length, associated student fatigue and apathy, and question ambiguity. A revised instrument was pilot-tested in the summer during a summer school application of the ***E Ola Pono*** curriculum. This instrument, complete with new and revised scales, is an improvement over the previous one, but is not yet finalized. Future instrumentation improvements should attempt to ensure that assessments are culturally appropriate and understandable, given existing literacy limitations of students.

5. A further recommendation for the ***E Ola Pono*** evaluation is the use of qualitative research of the curriculum. For example, there should be the inclusion within the overall research design of more exploratory and qualitative data, such as anecdotal reports, teacher checklists, and non-participant observations.

6. The trend data provided by this study provide information regarding the effects of maturation on the incidence of gateway drug experiences, and normative perceptions of gateway drug use. This type of information should be applied toward program needs assessment and for its application toward targeting intervention populations.

7. A recommendation made by the Alcohol and Drug Abuse Division is to widely distribute information about the availability of treatment and counseling services. Through its

Information Development and Dissemination component, the NHSDFSC program should continue to inform students about where and how they can seek help for substance abuse.

1999-2000 Evaluation of the Native Hawaiian Safe and Drug-Free Schools and Communities Program: End Of Year Report

Introduction

This report provides an external evaluation of the *Native Hawaiian Safe and Drug-Free Schools and Communities Program* (NHSDFSCP). The NHSDFSCP is currently in the fourth year of a funding cycle that began in 1996. This report is based upon data from the entire program period March 1, 1999 – February 28, 2000, and is meant to serve as a comprehensive report to augment the three-quarter report completed by Pacific Resources for Education and Learning (PREL) in January 2000.

The purpose of the evaluation of NHSDFSCP is to answer a fundamental question:

Did the program achieve its stated measurable goals and objectives?

This report will present evidence on the effectiveness of each of the major program components and make commendations and recommendations for future program development.

The program identified a set of overall measurable objectives based upon its goals emphasizing student and participant outcomes. This evaluation focuses upon these outcomes.

Did the Program Achieve its Goals and Objectives?

The goals of the NHSDFSCP are as follows:

I. Increase knowledge of the dangers of Alcohol, Tobacco, and other Drugs (ATOD) use, and of violence, and increase cultural awareness by increasing the availability and use of culturally appropriate prevention materials.

II. Reduce ATOD use and violence-related behaviors among participating Native Hawaiian youth by providing direct, culturally appropriate educational services at high-need schools and communities.

III. Build the capacity of schools and communities to provide safe and drug-free activities for Native Hawaiian youth and adults.

These goals align with the three major program components: Information Development/Dissemination, Education, and School/Community-Based Processes.

The program's desired outcomes are as follows:

1. Increase knowledge of the harmful effects of ATODs.
2. Increase knowledge of the harmful effects of violence.
3. Maintain or decrease use of ATODs.
4. Maintain or decrease student involvement with violence.
5. Increase protective factors as indicated by student participation in school.
6. Increase Hawaiian cultural awareness.
7. Increase skills of those working in the prevention field.

These desired outcomes were further refined into a set of measurable objectives. Table 1 provides the objectives along with findings using data available at the completion of the program year.

Table 1. Program Objectives and Findings

Objectives	Findings	Objective Achieved?
1. At least 80% of those receiving materials will report an increased knowledge of the dangers of ATOD use.	Of 42 persons surveyed, 30 (72%) gave ratings of "Agree" or "Strongly Agree."	NO
2. At least 80% of participants in school/community-based educational activities will report an increased knowledge of the dangers of ATOD.	Of 239 respondents, 184 (77%) gave ratings of "Agree" or "Strongly Agree."	NO
3. At least 80% of those receiving materials will report an increased knowledge of the dangers of violence-related behaviors.	Materials investigated by Tracer Study did not address violence issues	N/A
4. At least 80% of participants in school/community-based educational activities will report an increased knowledge of the dangers of violence-related behaviors.	Of 249 respondents, 183 (73%), gave ratings of "Agree" or "Strongly Agree."	NO

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Table 1. Program Objectives and Findings (cont'd)

Objectives	Findings	Objective Achieved?
5. At least 80% of participants in educational activities (***E Ola Pono***; workshops) will show a level or reduced ATOD use or intended use.	Of 68 ***E Ola Pono*** participants, 90%, 93%, and 99% reported level or reduced use of alcohol, cigarettes, and marijuana, respectively. Of 762 respondents, 571 (75%) gave ratings of "Agree" or "Strongly Agree."	YES NO
6. At least 80% of participants in educational activities (***E Ola Pono***; workshops) will show a level or reduced involvement in violence-related behaviors.	Of 68 ***E Ola Pono*** participants, 77%, 76%, and 75% reported level or reduced engagement in, observations of, and fears of violence. Of 202 respondents, 157 (78%) gave ratings of "Agree" or "Strongly Agree."	NO
7. At least 80% of participants in educational activities will show an increase in resiliency as indicated by participation.	Relevant attendance data will be available after the end of school year 1999-2000.	N/A
8. At least 60% of those receiving materials will report increased cultural awareness.	Of 42 respondents, 31 (74%) gave ratings of "Agree" or "Strongly Agree."	YES
9. At least 80% of participants in educational activities will show increased cultural awareness.	Of 786 respondents, 582 (74%) gave ratings of "Agree" or "Strongly Agree."	NO
10. At least 80% of participants in school/community-based educational activities will report increased skills in prevention.	Of 162 respondents, 125 (77%) reported an increased ability to prevent substance abuse. Of 231 respondents, 165, or 71% reported an increased ability to prevent violence.	YES

In summary, data were available on all but two of the program's stated objectives as of the end of the program year. The results show that the NHSDFSCP met or partially met three of its eight stated objectives for which data were available. The objectives which were not fully met included increased knowledge of the dangers of ATOD use, intended involvement in violent

behavior, increased cultural awareness, and increased knowledge of the dangers of violence-related behaviors. However, the findings for these latter objectives fell between 2% and 8% of the 80% targets.

It may be concluded that, overall, the program achieved its desired outcomes and met its three overall goals. The goals and related outcomes will be further specified in the component evaluation sections that follow.

Component Evaluation

Overview

The goals and activities of the NHSDFSCP reflect its alignment with the strategies promulgated by the Center for Substance Abuse Prevention (CSAP). Although the program carries out some activities under all six of the CSAP strategies, previous evaluations recommended that the program emphasize three components. These three strategies effectively define the essence of the NHSDFSCP.

- Information Development/Dissemination
- Education
- School/Community-Based Processes

A review of program activity form (PAF) data gives an overview of program-related activities in terms of the six components as well as in terms of other relevant variables. The relative proportion of persons served related to each of the six components is illustrated in Table 2 and Figure 1. They provide support for the program emphasis on Information Development/Dissemination, Education, and School/Community-Based Processes and Approaches. In total, these three components represent services provided to 99 percent of all involved with the program.

Table 2. Number of Persons Served by Program Component

Program Component	Persons Served	Percentage
Information Development	2,278	17%
Education	6,369	47%
Alternative	15	0%
Problem Identification	15	0%
School/Community-Based	4,703	35%
Environmental	59	1%
Total	13,439	100%

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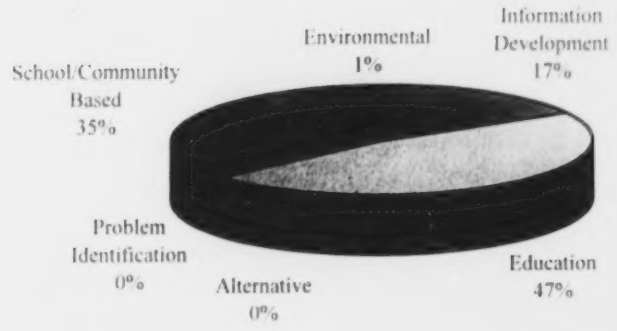

Figure 1. Percentage of Persons Served by Major Program Component

Whom does the program serve? Most activities are directed towards students (see Table 3 and Figure 2). In addition, the activities serve an audience that is primarily Native Hawaiian or part-Hawaiian (see Table 4 and Figure 3).

Table 3. Number of Persons Served by Role

Role	Service Hours	Percentage
Student	9,653	72%
Teacher	848	6%
Parent	561	4%
Service provider	1,682	13%
Other	655	5%
Total	13,399	100%

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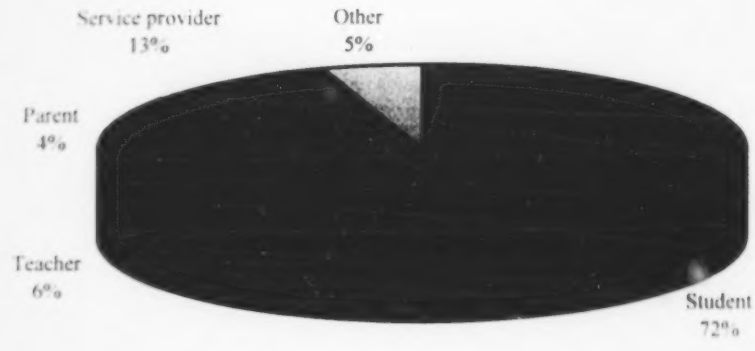

Figure 2. Percentage of Persons Served by Role Group

Table 4. Number of Persons Served by Ethnicity

Ethnicity	Participants	Percentage
Hawaiian	9,429	70%
Non-Hawaiian	3,970	30%
Total	13,399	100%

Figure 3. Proportion of Persons Served: Native Hawaiian vs. Non-Native Hawaiian

The next Figure (4) and Table (5) present the statewide distribution of activities for Native Hawaiians. The Kamehameha Schools (KS) programs, which serve KS and non-KS students statewide, Hawai'i, and Leeward districts received the most service hours because the program targets areas of high Native Hawaiian concentration and these areas serve the highest percentages of Native Hawaiian children and adults.

Table 5. Number of Service Hours by School District

School District	Service Hours	Percentage
Hawai'i	5,180	13%
Honolulu	2,096	5%
Kaua'i	2,473	6%
Leeward	3,230	8%
Maui	1,508	4%
Windward	5,881	16%
Statewide	3,508	9%
KS	14,084	37%
Other	876	2%
Total	38,836	100%

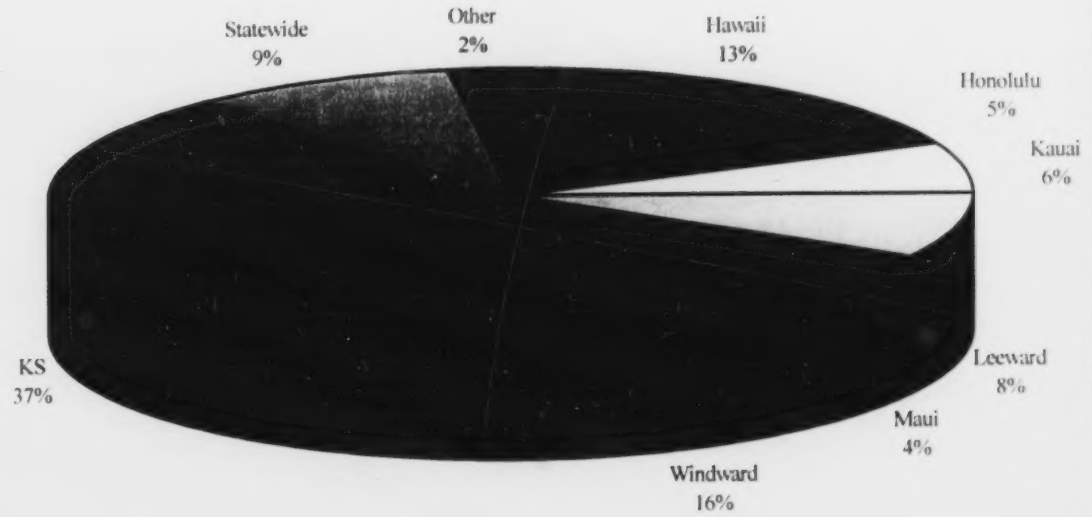

Figure 4. Proportion of Service Hours by School District

In addition to the PAF data, a "Milestone Achievement Analysis" was conducted to compare planned program activities with their actual implementation. Full results are contained in Appendix A and are summarized by Table 6. As detailed in Table 6, by the end of the current funding cycle the program completed 27 of 35 planned activities (77%). Another five activities (14%) are either ongoing or partially completed, two (6%) are to be carried over, and one (3%) has been cancelled.

The process and outcome evaluation results for each component are presented by component in the next section of this report.

Table 6. Summary of Program Activities Status

Component	Completed	Ongoing	Partially completed	Carry over	Not completed: cancelled	Total
Information Development and Dissemination	9	2	1	1	0	13
Education	8	0	0	1	0	9
Alternatives	1	0	0	0	0	1
Problem Identification and (Referral) Early Intervention	0	1	0	0	0	1
School/Community-Based Processes and Approaches	5	0	1	0	1	7
Environmental	4	0	0	0	0	4
Total	**27**	**3**	**2**	**2**	**1**	**35**

Component I. Information Development/Dissemination

In addition to serving as a clearinghouse and providing culturally appropriate materials, the program also continued its dissemination activities by participating in statewide health fairs, providing speaking engagements, and developing and implementing awareness campaigns such as Red Ribbon Week and other similar events. In addition, two on-site libraries, one at the campus site and one at the Nānākuli site, were visited a total of 151 times. A total of **2,278** persons were served by this component.

Process Evaluation

The process evaluation for this component included the following three objectives and related findings:

Successfully implement at least 95% of all planned Information Development/Dissemination component activities.

The milestone achievement analysis indicated that 11 of the 13 planned activities (85%) were completed or are ongoing, one is partially completed (8%), and one (8%) will be carried over to next year.

Increase the number of materials developed by the program by 5%.

The program has developed two entirely new products this year: the Family Laundry Kit and violence prevention materials for a pre-school aged ***E Ola Pono***. Two more materials are nearing completion: a "Be Akamai About Violence" brochure and the "Nānākuli High Revisited" video. Taking into account only completed materials, this development represents no increase over last year's number of two additions.

Increase the number of materials disseminated by the program by 5%

According to the Dissemination Form summary, over **70,200** educational materials were distributed during the four quarters of the grant year in comparison to 45,092 at the same time last year. This is an increase of 64%, or 25,108 additional materials distributed, increasing both the accessibility and utilization of program-developed and other materials.

Outcome Evaluation

To determine the effects of the dissemination of materials, PREL and KS designed a "tracer study" model to follow two pieces of material produced by KS. Program staff selected two products as representative of their work: the Lokahi Wheel and the brochure, "*Be Akamai About*

Binge Drinking." Mailing lists were compiled based on the program's dissemination records. A total of 113 surveys were mailed out to people who had received either or both materials. As of early December 1999, PREL received 42 completed surveys, representing a response rate of 37%.

On the survey, respondents were asked to mark their choice of "strongly agree," "agree," "neutral," "disagree," or "strongly disagree" in relation to the following statements:

- The materials have positively impacted student behavior.
- The materials have contributed to alcohol, tobacco, and other drug-related services.
- The materials have contributed to my knowledge of the harmful effects of alcohol, tobacco and other drugs.
- The materials have contributed to my knowledge of Hawaiian culture.
- The quality of materials is high.

Survey responses are shown in Table 7 below:

Table 7. Responses to Tracer Study of Materials

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
The materials have positively impacted student behavior.	36%	41%	10%	0%	0%	13%
The materials have contributed to alcohol, tobacco, and other drug-related services.	43%	31%	17%	2%	0%	7%
The materials have contributed to my knowledge of the harmful effects of alcohol, tobacco, and other drugs.	39%	33%	19%	2%	0%	7%
The materials have contributed to my knowledge of Hawaiian culture.	45%	29%	17%	5%	0%	4%
The quality of the materials is high.	65%	29%	2%	0%	0%	4%

More than three-fourths of the respondents (77%) felt that the materials had positively impacted student behavior. In addition, more than 70% either agreed or strongly agreed that the materials contributed to their knowledge of the Hawaiian culture and the harmful effects of alcohol, tobacco, and other drugs. An overwhelming majority (94%) agreed or strongly agreed that the quality of these two materials is high. These are all good indications that the materials are having the effects that they were designed to elicit.

Conclusions: Component I

NHSDFSCP met its desired outcomes for this component. This is one of the three components receiving the most program emphasis. Through this component, the program is responsive to a frequently expressed need in the schools and communities served for prevention materials that are culturally appropriate for the youth of Hawai'i. The NHSDFSCP researches, produces, and

makes widely available materials that are particularly appealing to youth of Native Hawaiian ancestry. Other materials are also made available. The increasing numbers of such materials in circulation and the increasing use of the resource libraries are a testament to the effectiveness of the program in the area of information development and dissemination.

Component II. Education

The educational component includes facilitating and providing technical assistance sessions, prevention educational presentations, and workshops. A total of **6,369** individuals were served by this component.

Process Evaluation

The process evaluation for the Education component investigates the following objective and related finding:

Successfully implement at least 95% of all planned Education component program educational activities.

Milestone achievement analysis showed that eight of the nine (89%) planned activities are either completed or ongoing, and one (11%) is to be carried over to next year.

Outcome Evaluation

The outcome evaluation for the Education component included three research projects: workshop evaluations, ***E Ola Pono*** Pre-Post-Post test evaluation, and ***E Ola Pono*** Summer School Pre-Post test evaluation. Results from the analysis of each of these projects are described below.

Workshop Evaluation

Each program's desired outcomes, as well as several other outcomes, were measured by responses to workshop evaluation forms. A revised workshop evaluation measure was used this year to allow the collection of data relevant to stated outcomes and specific workshop topics. Each outcome was put in the form of a statement e.g., "Because of this workshop, I learned more about..."). Participants answered using a 5-point response format, ranging in value from "strongly agree" (5) to "strongly disagree" (1). The five statements measuring outcomes relevant to the Education component are presented below. Average responses to each statement, according to question number (i.e., 1-5) are provided by Figure 5.

1. Increased knowledge of dangers of alcohol, tobacco, and other drug effects.
2. Increased knowledge of dangers of violence.
3. Less likely to use alcohol, tobacco, and other drugs.
4. Less likely to engage in violence.
5. Increased cultural awareness.

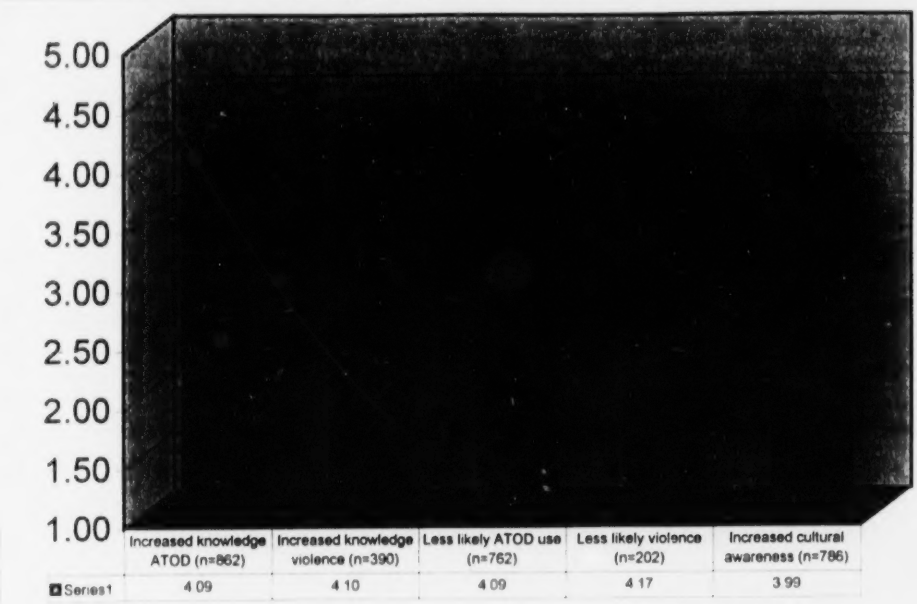

Figure 5. Average Workshop Ratings by Education Component Statement

The results show very positive overall outcomes resulting from the educational workshops. All of the ratings are well above the midpoint of the five-point scale. It is particularly encouraging that the items related to behavioral change scored high.

Evaluation of the E Ola Pono *Curriculum: Pre-Post-Post Test Analysis*

E Ola Pono (Live the Proper Way) is a substance abuse/violence prevention curriculum composed of thirteen lesson plans developed by the NHSDFSCP. Each lesson plan features a poster and related activities that teach a Hawaiian value or concept considered relevant by program personnel to substance abuse and/or violence prevention. The core premise of the curriculum is that the instruction and assimilation of these values will increase student resiliency, resulting in reduced drug and violence-related behaviors.

To assess the causal influence of the curriculum on relevant student behavior, attitudes, and knowledge, a follow-up evaluation of the ***E Ola Pono*** (EOP) curriculum was conducted. Planning for the evaluation was initiated in the summer of 1997 during the curriculum planning stages. The evaluation design was created in collaboration with staff at NHSDFSCP in order to meet the directives of the Safe and Drug-Free Schools and Communities Program, which requires schools to "design and implement their activities based on research or evaluation that

provides evidence that the strategies used prevent or reduce drug use, violence, or disruptive behavior among youth."

An experimental design was selected for the evaluation of the curriculum. Using this approach, classes drawn from geographically varied schools in the State of Hawai'i were randomly assigned within schools to function as either a control or experimental condition.

The evaluation of the curriculum is meant to provide information corresponding to two related interests. First, the evaluation is intended to furnish information useful for program monitoring and improvement. This evaluation type is *process-based* in nature. This implementation evaluation occurred in the fall of 1998 and is described by an earlier evaluation report (PREL, 1999).

The second purpose of the evaluation is to provide information related to the intended outcomes of the curriculum, so that the degree to which these goals have been achieved can be observed. This evaluation is *outcome-based* in nature. A previous evaluation report describes the preliminary outcomes associated with the curriculum for both fourth and eighth grade cohorts. This evaluation assesses the long-term outcome of the curriculum on the fourth grade cohort only, by the using a delayed post-test design. Pre-, post- and post-post-test comparisons are made of behavioral (e.g., use of violence, use of gateway drugs), cognitive (e.g., curriculum knowledge), and normative (e.g., perceived norms for violence and drug-related behaviors) responses to a self-report instrument. The long-range impact of the EOP program is assessed by administering the post-post-test instrument approximately six months after the curriculum is provided to students. The specific methods by which the outcome evaluation was conducted are described below.

Method

The curriculum was provided to students in an experiment comparing the pre- and post-test scores of students quasi-randomly assigned by class to either a control or experimental condition. Though intended to be a true random assignment to condition, class assignment was non-random for at least one school, due to a strong teacher preference for assignment to the experimental condition. The specific nature of this experiment is described below.

Subjects. Teachers providing instruction in the subject areas of social studies and health in the fourth and eighth grades of five schools were selected for participation in this study. School selection was based upon the following criteria: school enrollment of 50 percent or more Native Hawaiian students, or a significantly high number of Native Hawaiian students when compared against other Hawai'i public schools, and permission to conduct the study from the principal and teachers in each school.

In accordance with human subject mandates, parental permission forms were distributed by teachers to each child present in all experimental classes. Children who returned forms indicating approval were selected to be in the study and were provided with pre-test (September

1998), and post-test (November 1998) administrations. In addition, elementary students were provided with an additional post-post-test assessment in May 1999.

Students attending classes in the subject areas of social studies or health in the fourth grade of four elementary schools were selected for participation in this study. Two classes from each school were selected to participate in the study--one experimental and one control--for a total of four experimental and control classes. A total of 133 elementary students participated in the pilot test of the curricula—68 in the experimental condition and 65 in the control condition (see Table 8). Of this number, 68 were female (51%) and 65 were male (49%). The ethnic breakdown included 111 Hawaiian/part-Hawaiian (84.5%) and 22 non-Hawaiian/part-Hawaiian (16.5%).

Table 8. Number of Subjects by School and Condition

		Condition	
School Level	**School**	**Experimental**	**Control**
Elementary	Hāna High/ Elementary	15	17
	Waimānalo Elementary Intermediate	14	17
	Keaukaha Elementary	22	21
	Kaunakakai Elementary	17	10
	Total Sample	**68**	**65**

***E Ola Pono** Process Evaluation*

The process evaluation of the ***E Ola Pono*** curriculum is of two types: the first appraises the degree to which the training of teachers in the curriculum is sufficient in quality and length. The second assesses whether an individual lesson provided to students furnishes them with the instruction intended. Each of these process evaluation types is described below.

Teacher training. Teachers in the experimental condition participated in a two-day training session during the spring 1998 semester and a one-day refresher session in early Fall 1998. The training provided an overview of each lesson plan, a demonstration of each activity associated with the lessons, and an overview of the evaluation plan. A team of program staff members provided each session. The evaluations of these trainings revealed high levels of training satisfaction and perceived teacher preparedness.

Teacher Questionnaire. To assess the implementation of the EOP curriculum by instructors, a questionnaire was provided to experimental teachers for completion after each lesson. Teacher responses evidenced high degrees of teacher comfort in providing the lesson, judgments of curriculum appropriateness, and teacher preparation in providing the lesson. Though a high proportion of teachers reported providing the lesson as planned and with all the materials needed, a substantial percentage reported having made changes to the lesson. An inspection of the responses to the open-ended question asking what changes were made revealed that most changes involved time constraints requiring a modification or deletion of a lesson component.

Student Questionnaire. Once teachers were provided with adequate training, they introduced students to the ***E Ola Pono*** curriculum through individual lessons provided once or twice a week for 6-13 weeks. To assess student attitudes and knowledge about the curriculum, two surveys of students were made: the first to gain information related to students' affective response to the curriculum and the second to judge their memory of its content. These measures are made to ensure that the curriculum is both enjoyable to students and memorable—factors presumed to be necessary for the curriculum to impact student behavior.

Student responses to questions measuring lesson knowledge, application, and sharing were assessed for accuracy and type. Overall, student knowledge of the lessons approximately one week after their presentation was high. Students reported having shared the lessons with their friends and family.

E Ola Pono Outcome Evaluation

Method

Using the experimental design described, the outcome evaluation assesses the degree to which the curriculum had the intended effect on students in behavioral, cognitive, and attitudinal domains and is directed at assessing both the outcome and impact of the curriculum, as described in the following section.

Instrument. The pre-, post-, and post-post-test is comprised of 29 closed-ended questions. These questions measure the occurrence and frequency of drug- and violence-related behaviors, normative views regarding Native Hawaiian substance- and violence-related behaviors, and knowledge about Hawaiian words and concepts. The amounts of participation in, observation of, and fear of violence are measured by a series of questions that ask students to report the frequency (during the course of the last week, month, year, and lifetime) of violence-related experiences overall and while in school. These questions ask how many times, if any, students have "been in a fight where there was pushing, slapping, etc.," "witnessed a fight," or "feared being injured by others." Seven categories for reporting frequencies of these experiences are provided: 0, 1, 2, 3-5, 6-9, 10-19, and 20+.

Use of gateway drugs was measured by questions that ask students to respond to the number of times in their lifetime they "had alcohol to drink," "smoked cigarettes," and "tried marijuana." A measure of students' normative views of Native Hawaiian substance- and violence-related behaviors is provided by a four-part scale that queries students' opinions regarding how many Native Hawaiian adults "drink alcohol," "smoke cigarettes," "use marijuana," and "fight." Five response categories are associated with these questions, including "almost none," "about 25%," "about half," "about 75%," and "almost all."

Students' knowledge of Hawaiian words and phrases provided by the curriculum is also measured by asking students to draw a line from the 11 Hawaiian words and concepts taught by the curriculum to their English version.

The post-post-test is a shorter form of the original pre- and post-test, with the first questions equivalent, and the latter ethnic identity and resiliency scales removed. The decision to simplify the form for the post-post-test was based on a desire to focus primarily on behavioral and knowledge outcomes, to exclude scales found to have ambiguous questions, and to adjust for the lack of significant findings related to the excluded scales in the initial post-test analyses.

Procedure. The curriculum was provided to students, approximately two lessons a week, over the course of seven weeks during fall 1998. Before the first lesson, teachers distributed the pre-test to students. Attached to each survey was a Post-it Note® with each student's name on it. Names correspond to code numbers written on the top-right corner of the survey, so that student identities were available to the researchers but not the teachers. Teachers were instructed to pass out the surveys to students by name and not to give a survey to anyone other than the person whose name was attached to it. If students were in the class but did not have a survey assigned, instructors were asked to give them a blank one, assign a three-letter string of letters to it, and ensure that the name corresponding to the three-letter string of letters was attached with the survey bundle.

The completion of the survey took approximately 10-20 minutes. Post-test questionnaires were collected at the end of Lesson 13, in the same manner described above for the pre-test. Post-post-test questionnaires were also provided to students in the same manner four to five months after the completion of the curriculum.

Results

Preliminary results of the curriculum evaluation are presented below. These results should be interpreted with caution, as the curriculum, its implementation, and the instrument measuring its outcome are undergoing revision as a result of this piloting phase.

Inferential Statistics: Analysis of Variance

Because a central interest of this study is to ascertain whether differences in levels of behaviors and attitudes occur for children in the differing experimental conditions, a series of repeated measures multivariate analysis of variance (MANOVA) were conducted to reveal whether each of the behavioral, attitudinal, and knowledge variables differ according to experimental condition over time. MANOVA is a statistical technique that compares the actual differences between the means of two or more groups with the differences among groups expected by chance. The hypothesis that the curriculum would result in an interaction effect was tested. Interactions occur when the effect on one factor (e, g., pre- to post-test substance abuse levels) depend upon a second factor (experimental condition). In this case, the interaction tested was whether experimental group outcomes were different than the control group from pre- to post-test. Main effects of period of testing (i.e., pre-, post-, and post-post) and treatment condition were also tested to uncover differences among the treatment groups and period of testing independent of curriculum effects.

MANOVA: Violence-related behavior. An analysis of the measures of violence-related behaviors resulted in six statistically significant findings, including three main effects and three significant interactions of time and condition, as presented by Figures 6-11.

A near-significant interaction of period of testing and treatment condition was found for the question "*How many times, if any, have you been in a fight where there was pushing, slapping, etc. during the last week while in school?*" ($F = 2.71$; $df = 2; 240$, $p = .068$). As presented by Figure 6, the curriculum appeared to have an immediate effect for the experimental group, which was not maintained at the second post-testing.

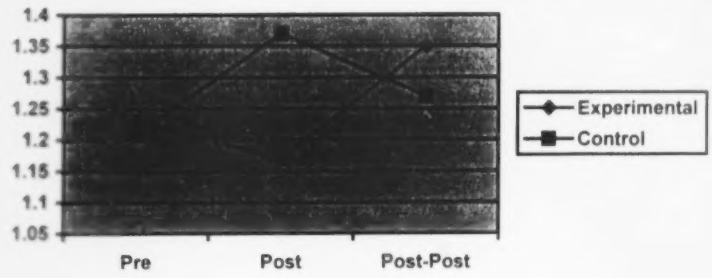

Figure 6. How many times, if any, have you been in a fight where there was pushing, slapping, etc. during the last week while in school?

Significant main effects of treatment condition ($F = 4.86$; $df = 1, 125$; $p = .029$) and period of testing ($F = 4.24$; $df = 2, 250$; $p = .015$) were found in response to the question "*How many times, if any, have you been in a fight where there was pushing, slapping, etc. during the last month*?" (see Figure 7). This result indicates that the level of related fighting among the experimental and control groups increased equally over time, with the experimental group having higher overall levels.

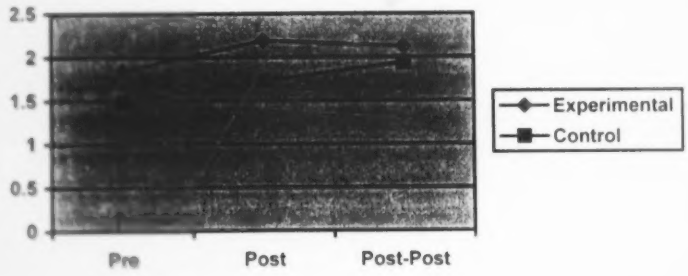

Figure 7. How many times, if any, have you been in a fight where there was pushing slapping, etc. during the last month?

Figure 8 illustrates the statistically significant interaction of a third measure of violence: *"How many times, if any, have you witnessed a fight during the last week?"* ($F = 5.58$; $df = 2$; 258, $p = .004$). While the experimental group's related experiences were higher than those of the control group at pre-test, their levels reduced to converge with the control group at both post-testings. This result suggests an effect of the program that is immediate and maintained through the subsequent semester.

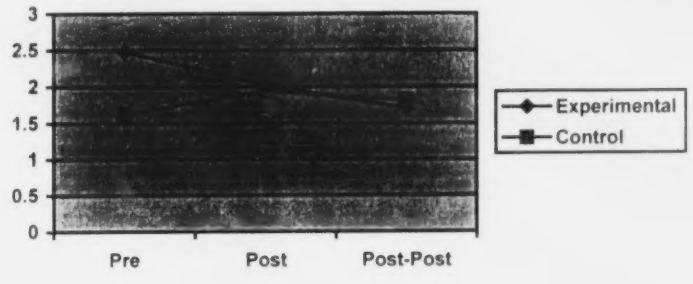

Figure 8. How many times, if any, have you witnessed a fight during the last week?

As illustrated by Figure 9, a near significant main effect of period of testing was found for responses to the question *"How many times, if any, have you witnessed a fight during the last week while in school?"* ($F = 2.38$; $df = 2, 234$; $p = .095$). This result suggests an even reduction in these experiences for both treatments groups.

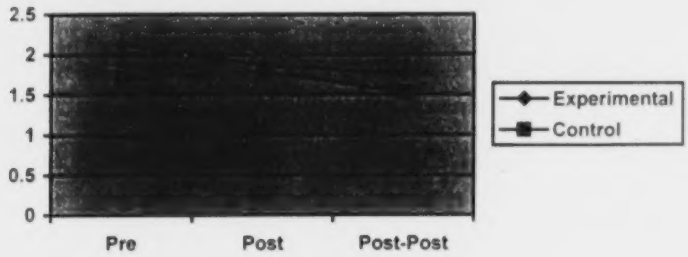

Figure 9. How many times, if any, have you witnessed a fight during the last week while in school?

In addition, a near-significant main effect of experimental group ($F = 3.44$; $df = 1, 126$; $p = .066$) and significant main effect of period of testing ($F = 7.00$; $df = 2, 252$; $p = .001$) was found for the question "*How many times, if any, have you witnessed a fight during the last month?*" (see Figure 10). This finding indicates that the trends in witnessing a fight is the same for both the experimental and control groups—with an increase in experiences followed by a decrease—and that the experimental group had higher overall levels of this experience at each testing period.

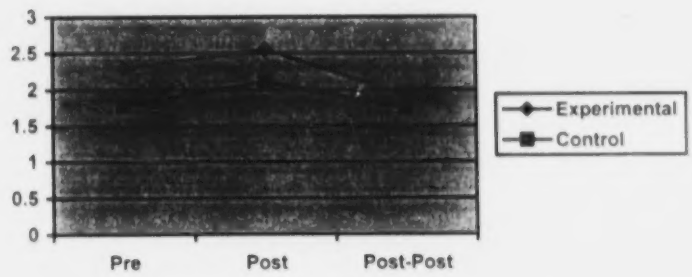

Figure 10. How many times, if any, have you witnessed a fight during the last month?

As illustrated by Figure 11, a statistically near-significant interaction was discovered for the final measure of violence "*How many times, if any, have you feared being injured by others during the last week?* " ($F = 2.49$; $df = 2, 260$; $p = .085$). While the experimental group had initially higher levels of this variable than those in the control condition, their levels dropped at subsequent testings to become nearly equivalent to those in the control group.

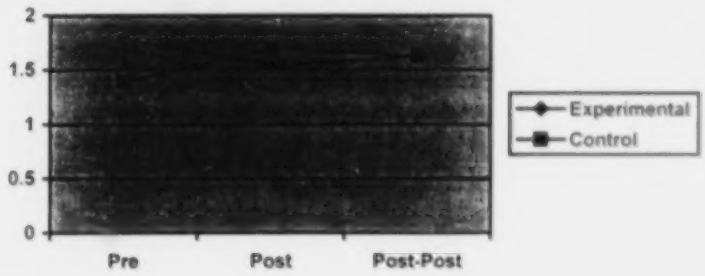

Figure 11. How many times, if any, have you feared being injured by others during the last week?

ANOVA: *Drug-related behavior*. As illustrated by Figure 12, analyses investigating the potentially significant influence of the curriculum on drug-related behaviors resulted in a significant interaction for the question "*How many times, if any, have you had alcohol to drink in your lifetime*? " ($F = 8.31$; $df = 2, 256$; $p < .000$). Because a decrease in the reported incidence of drinking alcohol is cumulative and cannot decrease over time, however, these results suggest some degree of response bias among the experimental sample. The control group responses revealed a trend towards steady increase over time.

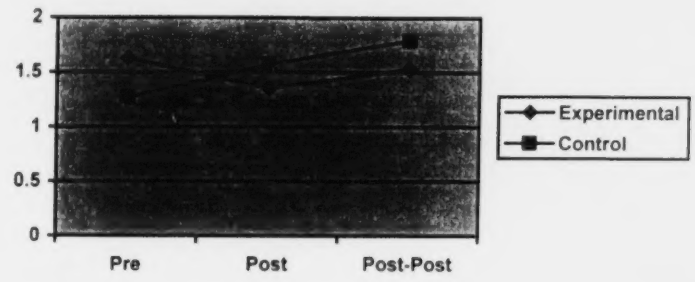

Figure 12. How many times, if any, have you had alcohol to drink in your lifetime?

Responses to a second gateway drug question revealed a near-significant main effect of period of testing on the question *"How many times, if any, have you smoked cigarettes in your lifetime?"* ($F = 2.87$; $df = 2, 262$; $p = .059$), indicating a trend over time for increasing use, across groups tested (see Figure 13).

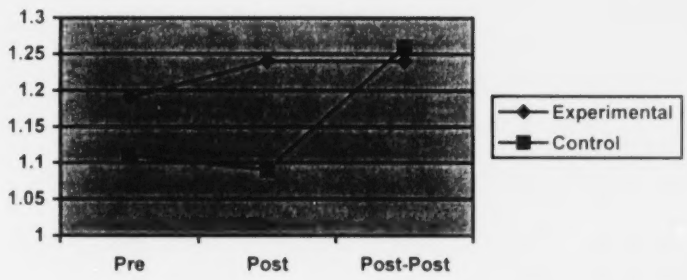

Figure 13. How many times, if any, have you smoked cigarettes in your lifetime?

No significant main effects or interactions were found for the question asking about lifetime use of marijuana, indicating that decisions to engage in this behavior were unaffected by either the time course of the testing period or the presence of the curriculum. Because the range in the incidence of this behavior is slight for this age group, it is likely that the variance was insufficient to find significant effects.

ANOVA: Normative Perceptions. Responses measuring students' perception of the proportion of Native Hawaiians who engage in various behaviors were also analyzed. A significant main effect of period of testing as discovered for the question *"In your opinion, how many Native Hawaiian adults drink alcohol?"* ($F = 5.87$; $df = 2, 260$; $p = .003$) (see Figure 14).

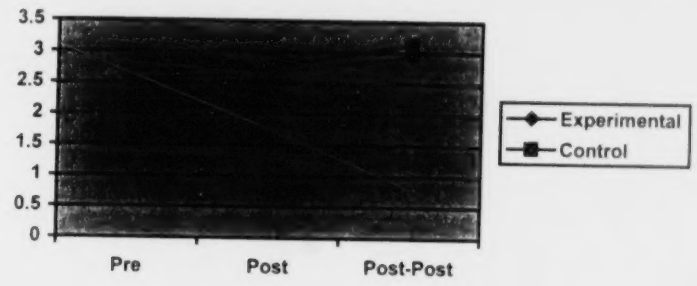

Figure 14. In your opinion, how many Native Hawaiian adults drink alcohol?

As illustrated by Figure 15, a significant main effect of period of testing was also discovered for responses to the question *"In your opinion, how many Native Hawaiian adults smoke cigarettes?"* ($F = 5.89$; $df = 2, 260$; $p = .003$)

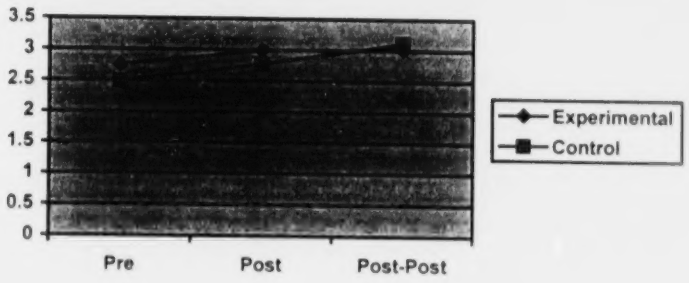

Figure 15. In your opinion, how many Native Hawaiian adults smoke cigarettes?

Finally, a significant main effect of period of testing was also revealed for the question "*In your opinion, how many Native Hawaiian adults use marijuana?*" ($F = 4.82$; $df = 2, 256$; $p = .009$) (see Figure 16).

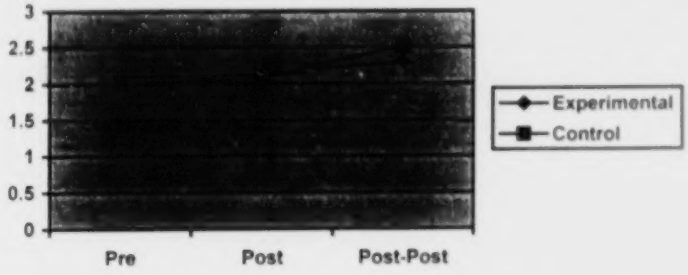

Figure 16. In your opinion, how many Native Hawaiian adults use marijuana?

The nearly equivalent results of each of these normative perception measures indicates a steady trend over time for increased perceptions of use of cigarettes, alcohol, and marijuana among children in reference to Native Hawaiian adults. The trend for the final question measuring perceived norms for fighting did not vary significantly across treatment group or time period.

ANOVA: Knowledge. Significant interactions between experimental condition and time period were found, as depicted by Figure 17 ($F = 84.05$; $df = 2, 262$; $p < .000$). These results indicate a very robust effect of the curriculum on student memory for the Hawaiian words and phrases upon which the curriculum is based.

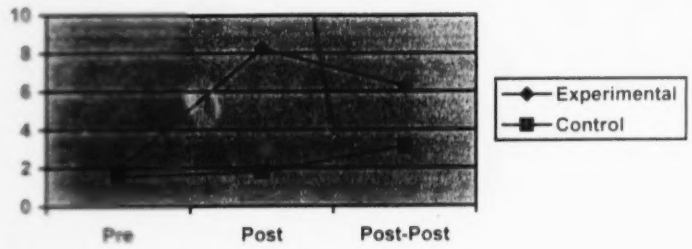

Figure 17. Match the following Hawaiian words and phrases to their English version.

Overall findings of E Ola Pono Evaluation

There appears to be an immediate effect of the curriculum on each of the major violence-related measures, including participation in, observation of, and fear of violence. This effect appears, however, to be modest and inconsistent. For example, participation in monthly fights showed a trend toward increase, regardless of condition, while weekly fights in school were found to decrease for those in the experimental condition. These effects, though statistically significant or approaching significance, are relatively low in intensity. The observation of fights over the course of the week preceding testing showed a consistent trend towards decrease for the experimental group, while the pattern of the control group did not. Monthly measures of fight observations did not repeat this pattern, however. These results again suggest the potentially favorable effect of the curriculum on violence-related experiences, though one that is modest and not consistently observed. Finally, the experimental group showed lower levels of fear of violence subsequent to the curriculum intervention, relative to pre-test levels, even though they had higher initial baseline levels. The consistent finding overall was that the experimental group had higher baseline levels of violent experiences than the control condition, and that these differences vanished after the initiation of the curriculum.

Results of the gateway drug use responses reveal a predominant trend toward increase over time in alcohol and cigarette use. While these effects were small in degree, they speak to the need for interventions beginning as early as the fourth grade. No significant main effects or interactions were found for the question asking about lifetime use of marijuana, indicating that decisions to engage in this behavior are unaffected by either the period of testing or the presence of the prevention curriculum. Because the range in the incidence of this behavior is slight for this age group, it is likely the variance was insufficient to find significant effects, regardless of program effectiveness.

There appears to be no effect of the curriculum on normative perceptions of Native Hawaiian use of cigarettes, alcohol, and marijuana, and engagement in fighting. However, trends in the data from pre- to post-post testing evidence a consistent increase in these perceptions over time, indicating a maturation process by which children are becoming more aware of these behaviors and their prevalence.

Finally, the program was found to have a robust effect on student learning and retention of Hawaiian values.

Implications

The results of the evaluation of the ***E Ola Pono*** curriculum are suggestive of an effect of the program on violence-related experiences that is immediate and sustained over time. However, statistical significance speaks only to the non-randomness of the effect and does not imply its consequence. That is, statistical significance is not equivalent to practical significance; the effect may be decipherable but unimportant. At this stage in the development and implementation of the curriculum, the effects on student behavior appear to be existent, but small.

The finding of a statistically significant effect on behavior is notable nonetheless, and provides information useful toward the development of recommendations for future practice. For example, the effect of the curriculum could be bolstered potentially by a greater repetition of its component lessons. This repetition might take the form of a longer intervention, or booster periods following the initial curriculum provision.

A need for instrumentation revision was evident after the pre-test data collection period. Teacher interviews revealed unanticipated problems with the instrument including its length, associated student fatigue and apathy, and question ambiguity. A revised instrument was pilot-tested in the summer during a summer school application of the ***E Ola Pono*** curriculum. This instrument, complete with new and revised scales, is an improvement over the previous one, but is not yet finalized.

A further implication of the ***E Ola Pono*** evaluation is the call for continued research of the curriculum, including a better instrument—one that is shorter, easier to complete, and less ambiguous—and the inclusion within the overall research design of exploratory and qualitative data, such as anecdotal reports, teacher checklists, and non-participant observations.

Finally, the trend data provided by this study can provide hints towards the effects of maturation on the incidence of gateway drug experiences, and normative perceptions of gateway drug use. This type of information is useful for needs assessment purposes and for its application toward targeting intervention populations.

Findings from E Ola Pono Summer School Pre-Post

The ***E Ola Pono*** summer school curriculum for both the Keiki and 'Opio groups was evaluated to test it's effects on the occurrence and frequency of drug- and violence-related behaviors, normative views regarding Native Hawaiian substance- and violence-related behaviors, knowledge about Hawaiian words and concepts, resiliency, and lessons. The evaluation design was non-experimental; no control group was tested. A pre- and post-test was provided to students undergoing the curriculum at the beginning and completion of a five-week summer-school course, and these measures were compared using a series of paired t-test analyses.

The only significant effect found over the course of the one month from pre- to post-testing was the effect of period of testing on the "Knowledge" variable (Keiki: $t = 11.15$, two-tailed; $df = 15$; $p < .000$; 'Opio: $t = 4.66$, two-tailed; $df = 17$; $p < .000$), measuring memory for the Hawaiian words and concepts around which each lesson is based. Knowledge of the material presented by the course was well retained by both Keiki and 'Opio groups (see Figures 18 and 19, respectively).

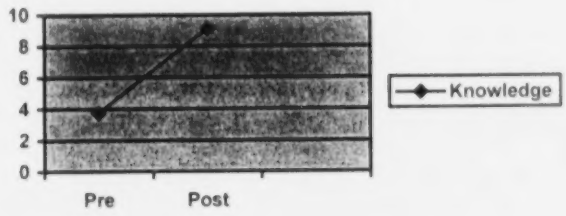

Figure 18. Match the following Hawaiian words and phrases to their English version: Keiki

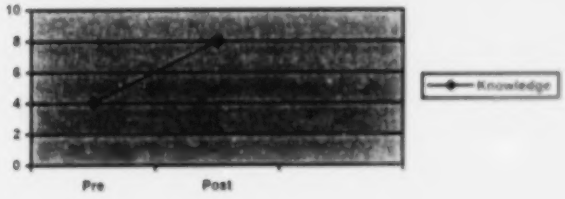

Figure 19. Match the following Hawaiian words and phrases to their English version: 'Opio

The lack of a significant effect of the curriculum on the other variables of interest may be due to instrumentation problems. For example, because the instrument allows only a "Yes" and "No" format for responding, very little variance due to a restricted range of responses resulted. In addition, the short interval of time available to measure differences in attitudes and behavior added to the low variance. This negatively effects the power of statistical tests to discern differences. This complication of the design, coupled with a low sample size and high homogeneity of population, reduced the probability of significant findings.

Conclusions: Component II

Education remains the cornerstone of the NHSDFSCP. The workshop evaluation forms provide evidence that the participants feel that the experience had an impact on them, on their knowledge and beliefs, and on the decreased likelihood of their being involved in both alcohol and other drugs and in violent behaviors. The ***E Ola Pono*** evaluation shows preliminary evidence of impact on students' knowledge of Hawaiian concepts and values as well as reduced involvement in violent behavior for elementary school students.

Component III. School/Community-Based Processes and Approaches

Under this component the program works with community groups and agencies, provides capacity building training in prevention skills, and assists with educational components of after-school activities for students. Through this component the program served **4,703** individuals including students, faculty/staff, and adults.

Process Evaluation

The process evaluation objective for this component is:

Successfully implement at least 95% of all planned School and Community-Based component program educational activities.

A total of five of the seven (71%) activities intended for this component were completed, one (14%) was partially completed, and one (14%) has been cancelled.

Outcome Evaluation

As with Education component activities, a workshop evaluation form was used to assess the outcome of the training provided in this component. The five statements measuring outcomes relevant to the School/Community-Based component are presented below. Average responses to each statement, according to question number (i.e., 1-5) are provided in Figure 20.

1. Increased knowledge of dangers of alcohol, tobacco, and other drug effects.
2. Increased knowledge of dangers of violence.
3. Less likely to use alcohol, tobacco, and other drugs.
4. Less likely to engage in violence.
5. Increased cultural awareness.

These results show very positive overall outcomes resulting from School/Community-Based component workshops. All of the ratings are well above the midpoint of the five-point scale. The highest rating was 4.30 in response to the statement, "This workshop increased my cultural awareness." All of the items on alcohol, tobacco, and other drugs, and violence scored at about the same level--4 on a 5-point scale.

Conclusions: Component V

In summary, this component represents a major strategic thrust of the NHSDFSCP. The program is very effective at collaboration with similar agencies and within specific communities. This affiliative approach is both cost efficient and highly valued within the Hawaiian social system. This component has also stimulated the funding of research upon which to rationally develop and apply program plans. Finally, in terms of increasing the knowledge and skills of teachers, those who have been the direct recipients of curriculum training are overwhelmingly favorable about the training and its potential for having a positive impact on students.

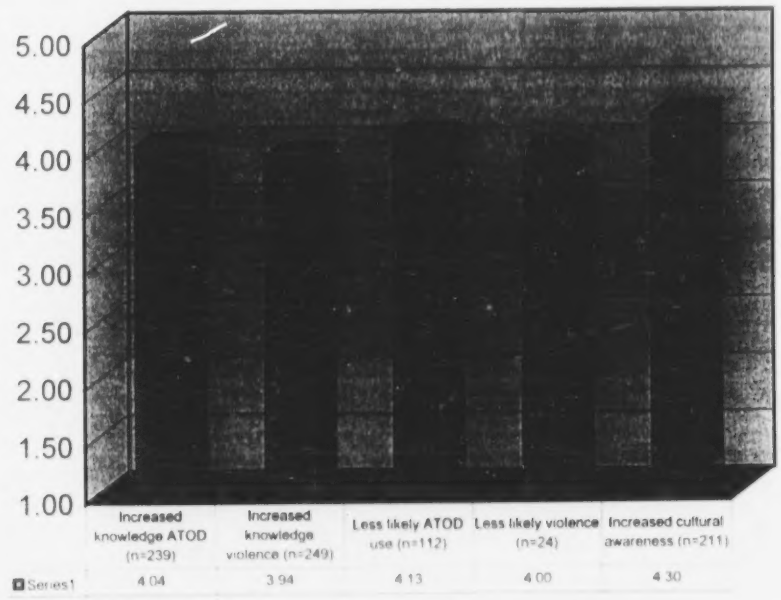

Figure 20. Average Workshop Ratings by School/Community-Based Component Desired Outcome

Other Components

The other components are:

- *Alternatives*
- *Problem Identification and (Referral) Early Intervention*
- *Environmental*

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Although not the program's main emphasis, a total of **89** persons were served under these components. A total of six of the six (100%) activities planned for these components were completed or are ongoing.

Impact Evaluation

In the logic model used by the NHSDFSCP, "impact" means long-term outcomes, as opposed to the short-term, immediate outcomes reported as program objectives. Impact refers back to the program's mission, to "reduce alcohol, tobacco and other drug (ATOD) use and involvement in violence by Native Hawaiian youth." Each year, PREL monitors statewide data on Native Hawaiian student substance use and violence-related behavior.

These large-scale data sets reveal trends that are broad and slow to change. Trends at this level are affected by many factors. Clearly one program cannot claim to be responsible for them. Nonetheless, as the NHSDFSCP achieves its immediate objectives, it is contributing to success at the statewide level. Therefore it is critical to monitor and report on impact at this level.

Several new surveys and studies have been completed and provide data for impact analysis.

The Hawai'i Poll of Teen Attitudes

This study was very recently completed by Ward and Associates and was reported in the Honolulu Advertiser (December 12 - 15, 1999). Overall, the study found teens to be happier, more optimistic, and more well off than most adults had thought.

Eighty-four percent of Hawai'i's teenagers feel safe in school most of the time...Seventy-one percent said they feel "cared about." Sixty-seven percent said they were happy. Fifty-six percent said they were "fortunate" (Honolulu Advertiser, December 12, p.1).

Thirty-eight percent of adults said violence in schools was a very serious problem, compared to only 13 percent of teenagers, and about 67 percent of adults believed drugs and alcohol were "a very serious problem" for teens, compared to only 29 percent of the teenagers. The disconnection might occur because parents don't realize that their children already have faced decisions over drug or alcohol use, some as early as junior high school, as some teenagers said. (12/12/99, p. A2).

There were very some positive signs among Hawaiian students when ethnic differences were considered:

- The Hawaiian teenagers were most likely to say they were cared about (75%), happy (74%), and fortunate (64%) most of the time (12/14/99, p.A2).
- They are looking ahead. Some 84% of Hawaiian students, second only to Caucasian students at 86%, say they spend a great deal or a fair amount of time thinking about life after high school.
- Hawai'i is important to them. Sixty-six percent of Hawaiian students believe they will live in Hawai'i after school, while only 27 percent of Caucasian students believe they will.

- They value education. Hawaiian teens reported that they feel pressure to get good grades (74%, second only to Japanese students at 79%).

The results support the directions chosen by the NHSDASCP: to emphasize Hawaiian culture in the educational setting and to provide protective factors early, before confrontations with ATOD and violence, which many teens feel they have already gone through. It is encouraging indeed that the profiles of Hawaiian teens are as positive as those of other ethnic groups.

1998 Hawai'i Student Alcohol and Drug Use Study

In the spring of 1998, the Hawai'i Student Alcohol and Drug Use Study was conducted by the Alcohol and Drug Abuse Division of the Department of Health in Hawai'i (Klingle & Miller, 1999). It follows previous similar surveys conducted in 1987, 1989, 1991, 1993, and 1996. The survey was administered to over 25,000 students in the sixth, eighth, tenth, and twelfth grade levels enrolled in 204 public schools and 44 private schools across the state. All students who completed a questionnaire received consent to do so from their parents. Because the Native Hawaiian Safe and Drug-Free program focuses its services on Hawaiian students, survey results for Hawaiian students are given here.

Native Hawaiians reported higher use of alcohol, cigarettes, and other drugs than did other ethnic groups. The survey found that the level of substance use decreased for all ethnic groups when compared to levels reported by students two years ago. Nevertheless, the level of drug use reported on the 1998 survey was higher than that reported on the 1993 survey. These findings are consistent with the conclusion that, while the extent of drug use by Hawai'i's students has lessened somewhat from prior levels, more remains to be done for all students.

The study identified 14 factors that heightened students' risk of drug abuse and 6 factors that inhibited drug use. (Examples of risk factors identified in this study are *availability of substances* and *exposure to friends' substance use*. Examples of protective factors identified in this study are *disapproval of substance use by peers* and *parental sanctions on substance use*.) When the frequency of these risk and protective factors was tabulated for each student, it was found that Native Hawaiians, as a group, reported the presence of more risk factors and fewer protective factors than did other ethnic groups in Hawai'i.

Based on the results of the survey, the Alcohol and Drug Abuse Division noted that most students did not think the substance education programs at their schools were good. Students gave similarly low ratings to the capacities of their families to impart meaningful substance abuse education. In light of the protection against drug use invitations conferred by family substance education, the division claimed "improvements in alcohol and drug education must occur at *both* the school and family level" (p. 18). Consistent with this recommendation, the NHSDFSC program is currently developing a school-based version of their ***E Ola Pono*** program that includes parents.

A related recommendation was that "comprehensive school-based substance abuse prevention programs must begin no later than the fourth grade" (p. 27). This year, the NHSDFSC program is emphasizing development of its program for fourth graders and is developing "boosters" against substance use to occur thereafter at strategic points through middle and high school.

Another recommendation made by the Alcohol and Drug Abuse Division is to widely distribute information about the availability of treatment and counseling services. Through its Problem Identification and Early Intervention component, the NHSDFSC program informs students about where and how they can seek help for substance abuse.

Client Feedback

Along with statewide surveys and data tracking, the program keeps a file of letters and notes from clients, providing an unsolicited source of impact data. Appendix B contains a more complete record of the client and student feedback file. Here are only a few examples:

- This program is a great opportunity to use our native Hawaiian ancestral values and incorporate into teaching about a safe and drug free environment.
- We appreciate your efforts and also the materials that you provided the participants on the Native Hawaiian Drug Free Schools and Communities program.
- The material you presented was very informative and helpful to the students who are in service and work with Native Hawaiian families and teenagers facing problems relating to drugs, family violence and child abuse.
- The experience will help me to do better work and to be more effective in my community. It is so very valuable to learn about what is happening not only on the other islands of Hawai'i, but also on the mainland and other places in the world. I came away from the conference energized and full of ideas for the future.

The feedback reviewed by the PREL evaluation team was uniformly positive, with specific references to how the program's services have impacted the work of teachers and the attitudes and behaviors of students.

Commendations and Recommendations

Commendations

1. The NHSDFSCP Director is commended for her firm commitment to sound program planning based on outcome data and needs assessment results. She has maintained the use of the Logic Model approach to program and evaluation planning. Each year the program has been able to set clearer outcome objectives, and this year they were able to meet three out of eight of those for which data were available at the end of the program period. Those not met were within 8 percentage points of criterion. This is more impressive in that baseline rates for these particular outcome targets had not been previously established.

2. The program is commended for its application of needs assessment information. From the beginning the NHSDFSCP has been guided by continuous needs assessment efforts. These have included monitoring Native Hawaiian student and adult involvement in alcohol, tobacco, and other drug (ATOD) use and violence as well as community-felt needs. Needs assessment provided the information that allowed the program to focus on those schools and communities with a high number and proportion of Native Hawaiians.

3. One of the first clearly defined needs was for information on ATOD use and violence to be presented in forms that were culturally sensitive and locally relevant. Accordingly, the program spent much time in developing new materials based upon Hawaiian or local cultural themes. The program is commended for the cultural relevance of these materials.

4. The Alcohol and Drug Abuse Division notes that "improvements in alcohol and drug education must occur at *both* the school and family level" (Klingle & Miller, 1999, p. 18). Consistent with this recommendation, the NHSDFSC program is commended for its development of a school-based version of their ***E Ola Pono*** program that includes parents.

5. A related recommendation by the Alcohol and Drug Abuse Division is that "comprehensive school-based substance abuse prevention programs must begin no later than the fourth grade" (Klingle & Miller, 1999, p. 27). The NHSDFSC program is emphasizing development of its program for fourth graders and is developing "boosters" against substance use to occur thereafter at strategic points through middle and high school and is commended for this initiative.

Recommendations

1. It is recommended that the program carry out a more intensive, observational assessment of the ***E Ola Pono*** curriculum. This should be done using program developers as teachers or in

direct support of teachers so that they have a better on-site sense of the implementation of the curriculum.

2. Now that the ***E Ola Pono*** curriculum has been pilot-tested and refined, it is recommended that the program initiate a longitudinal study of its long-term effects on students. The limitations of a one-semester intervention and pre and post measurements are obvious. Whether the program provides long-term protective or preventive benefits can only be seen by following carefully constructed samples of students through their high school years – possibly even beyond. Long- term outcomes to be followed might include school attendance, grades and achievement, and participation in extra-curricular activities.

3. The effect of the ***E Ola Pono*** curriculum should be bolstered by a greater repetition of its component lessons. This repetition might take the form of a longer intervention or periodic booster sessions to critical program features following initial exposure to the curriculum.

4. A need for instrumentation revision was evident after the pre-test data collection period. Teacher interviews revealed unanticipated problems with the instrument including its length, associated student fatigue and apathy, and question ambiguity. A revised instrument was pilot-tested in the summer during a summer school application of the ***E Ola Pono*** curriculum. This instrument, complete with new and revised scales, is an improvement over the previous one, but is not yet finalized. Future instrumentation improvements should attempt to ensure that assessments are culturally appropriate and understandable, given existing literacy limitations of students.

5. A further recommendation for the ***E Ola Pono*** evaluation is the use of qualitative research of the curriculum. For example, there should be the inclusion within the overall research design of more exploratory and qualitative data, such as anecdotal reports, teacher checklists, and non-participant observations.

6. The trend data provided by this study provide information regarding the effects of maturation on the incidence of gateway drug experiences, and normative perceptions of gateway drug use. This type of information should be applied toward program needs assessment and for its application toward targeting intervention populations.

7. A recommendation made by the Alcohol and Drug Abuse Division is to widely distribute information about the availability of treatment and counseling services. Through its Information Development and Dissemination component, the NHSDFSC program should continue to inform students about where and how they can seek help for substance abuse.

References

Klingle, R. S., & Miller, M. D. (1999). *1998 Hawai'i student alcohol and drug use study: Executive summary*. Honolulu: University of Hawai'i at Mānoa.

Pacific Resources for Education and Learning (June, 1999). *Native Hawaiian Safe and Drug Free Schools and Communities Program: Annual Evaluation Report*.

Appendices

Appendix A: Milestone Achievement Analysis

Kamehameha Schools
Safe and Drug Free Program

Milestone Analysis of Program Goals and Objectives
Year Four (3/1/99 - 2/29/2000)

Mission:

Reduce alcohol, tobacco and other drug (ATOD) use and involvement in violence among Native Hawaiian Youth.

Goals:

1) Increase knowledge of the dangers of ATOD use, and of violence, and increase cultural awareness by increasing the availability and use of culturally appropriate prevention materials.

2) Reduce ATOD use and violence-related behaviors among participating Native Hawaiian youth by providing direct, culturally appropriate educational services at high need schools and communities.

3) Build the capacity of schools and communities to provide safe and drug-free activities for Native Hawaiian youth and adults.

Targeted Native Hawaiian Schools and Communities:

Kamehameha Schools: Kapālama Campus, Maui Campus, Hilo Campus, Kamehameha Preschools.
Waiʻanae Coast: Nānākuli Elementary, Nānākuli Intermediate/High, Nānāikapono Elementary.
Waimānalo Coast: Blanche Pope Elementary, Waimānalo Elementary/Intermediate, Kailua High
Kauaʻi: Kapaʻa Middle School, Kekaha Elementary.
Maui: Hāna High/Elementary.
Hilo: Keaukaha Elementary, Hilo Intermediate.
Molokaʻi: Kaunakakai Elementary, Maunaloa Elementary.
Lānaʻi and other Native Hawaiian schools and communities.

MILESTONE ANALYSIS
March 1, 1999-February 29, 2000

Component I. Information Development/Dissemination	
Planned Activities (Process Objectives)	**Due**
A. Serve as a clearinghouse and maintain two information/ prevention resource centers appropriate for Native Hawaiians	
1. To acquire and replace locally produced culturally appropriate educational materials on violence and substance abuse prevention, resources and referral.	Completed/ Ongoing
2. To acquire and replace other educational materials on substance abuse, violence prevention, needs assessment, research, resources and referral. (Note: focus on violence and school safety).	Completed/ Ongoing
3. To develop and maintain a web site for the program.	1/2000
B. Develop five and complete two new curriculum/research products	
1. To develop an informational brochure on violence prevention, "Be Akamai About Violence".	Phase I Completed/ Phase II Carry Over
2. Maintain an updated bibliography on Native Hawaiian substance abuse and violence (Updated yearly): • Research bibliography • Web-site links	Completed
3. To develop the supplemental violence prevention lesson plans for the E Ola Pono Curriculum.	Carry Over
4. To develop age appropriate activities for pre-school children.	Completed 11/99
5. To develop and Pilot E Ola Pono activities for adults.	Completed 10/99
6. To complete the video tape Nānākuli High Revisited.	Carryover
7. To develop a project dissemination kit for the "Family Laundry" video.	Completed 9/99
C. Disseminate educational materials and other information	
1. To distribute program developed educational	Ongoing

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Component I. Information Development/Dissemination	
materials.	
2. To distribute educational materials developed by others to schools and Community partners.	Ongoing
3. To distribute the videotape Nānākuli High Revisited.	Carryover
4. To participate in (2) information dissemination activities (i.e., health fairs, Lāna'i Family Fair, information booths, etc.)	Completed

MILESTONE ANALYSIS
March 1, 1999-February 29, 2000

Component II. Education	
Planned Activities (Process Objectives)	**Due**
A. To facilitate and/or provide technical assistance for three prevention education projects.	
1. To support after school programming at Kamehameha Schools and other selected schools and Communities (i.e., KES Kapālama, Hui Malama O Ke Kai, HKO, etc.).	Completed/ Ongoing
2. To support substance abuse and violence prevention type programs at Kamehameha Schools and other selected schools and Communities (i.e., KIS Study Hall, Kaunakakai Peer Ed., Moloka'i Video Class, etc.).	Completed/ Ongoing
B. To provide prevention education presentations and workshops.	Ongoing
1. To provide 20 prevention education presentations/workshops that enhance comprehensive program initiatives in targeted schools and Communities.	Completed/ Ongoing
2. To provide 10 prevention education presentations/workshops characterized as singular learning experiences.	Completed/ Ongoing
C. To provide Parenting/Family Management services. (Services here must be attached to other program initiatives)	
1. Conduct workshops statewide for parents of students at Kamehameha Schools or other school/Community-based sites (i.e., KES: Kapālama, Maui, Hilo; KS Preschools, Open Minds, etc.).	2/2000
2. Conduct two family based retreats with at-risk students at Kamehameha Schools or other school/Community-based sites (i.e., KIS, Hui Malama O Ke Kai, Moloka'i, etc.).	1/2000
3. Support Family Literacy programs in targeted school/Community based sites (e.g., Waimānalo Adult Literacy Program).	Not completed/ Revised Objective

Is this the one that was "cancelled" or the refusal skills study? the report discusses "one"	
D. To implement the ***E Ola Pono*** curriculum.	
1. Provide technical assistance for the implementation of the EOP curriculum (i.e., KES Statewide, ADAD, HHA, ALU LIKE, etc.).	Completed/ Ongoing
2. To implement E Ola Pono at six school/Community sites statewide (i.e., KES Statewide, etc.).	Carryover 6/2000
3. To replicate the E Ola Pono Summer School Curriculum at two sites (i.e., Kapa'a Middle School, Keaukaha Elem.).	Completed 7/99

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MILESTONE ANALYSIS
March 1, 1999-February 29, 2000

Component III. Alternatives	
Planned Activities (Process Objectives)	**Due**
A. To support safe and alcohol, tobacco and other drug free events statewide.	2/00

Component IV. Problem Identification and (Referral) Early Intervention	
Planned Activities (Process Objectives)	**Due**
A. To provide resource and referral services (e.g., information, assessment, early intervention, treatment).	Ongoing

Component V. School/Community Based Processes and Approaches	
Planned Activities (Process Objectives)	**Due**
A. To provide and participate in Community/school training services.	
1. To conduct six E Ola Pono curriculum training, statewide, and mainland.	Three Completed/ Three Carried Over
2. To participate/fund planning and program development in targeted Native Hawaiian schools and communities.	Completed/ Ongoing
3. To provide/fund activities in targeted Native Hawaiian schools and communities.	Completed/ Ongoing
4. To provide/fund staff development in targeted Native Hawaiian schools and communities.	Completed/ Ongoing
B. To work in collaboration with other agencies/programs/schools/Communities that serve Native Hawaiians to plan, implement, or fund prevention efforts (i.e., HI-NET, HACDACS, Ke Ola Mamo, Ola Pono Awards, Ho'omau Ke Ola etc.).	Ongoing
C. To participate in needs assessment activities and	

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services.	
1. To conduct a study on culturally appropriate refusal skills. Or is this the one that was "cancelled"? I like revised the objective better than "cancelled"—what do you think?	Not completed. Revised Objective
2. To participate/fund needs assessment in targeted Native Hawaiian schools and communities.	Completed/ Ongoing

MILESTONE ANALYSIS
March 1, 1999-February 29, 2000

Component VI. Environmental	
Planned Activities (Process Objectives)	**Due**
A. To provide technical assistance on environmental impact related issues to Communities/schools serving Native Hawaiians.	Completed/ Ongoing
B. To develop and implement awareness campaigns such as Red Ribbon Week and other similar events.	2/2000
C. To implement a statewide ATOD awareness campaign.	Completed 10/99
D. To assist in the development and implementation of statewide prevention application systems (i.e., Hawai'i Center for the Application of Prevention Technology).	Completed/ Ongoing

03/20/2000

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Appendix B: Client Feedback

Date:	Agency	Role	Comments
November 22, 1999	Coalition for a Drug Free Lanai	Executive Director	The experience will help me to do better work and to be more effective in my community. It is so very valuable to learn about what is happening not only on the other islands of Hawaii, but also on the mainland and other places in the world. I came away from the conference energized and full of ideas for the future.
June 3, 1999	Kamehameha Schools Bernice Pauahi Bishop Estate	Director (NHHSP)	The material you presented was very informative and helpful to the students who are in service and work with Native Hawaiian families and teenagers facing problems relating to drugs, family violence and child abuse.
	Hamakua Youth Center		I received your concept wheel and Ke Koho Pokolei comic book booklet on the right choice. Thank you again for your efficient service. Our annual summer teen program Na Opio O Hamakua will soon put it to use.
May 29, 1999		7/8 Unit Health Teacher	More importantly, I would like to acknowledge and recognize the positive impact his presentations have had upon the students. Many students comment on Jerry's ability to make students feel at ease. Jerry also has the ability to effectively communicate with youngsters, as

			they say, "using language we understand." Attached are student reflections to his powerful message. "I've been asked to smoke weed by two people who I will not identify. At first I thought about doing it because I was curious, but I knew it was wrong so I decided not to do it and I'm proud of myself for that...People who do drugs are dysfunctional and not in control. I really appreciated the guest speaker for coming. He taught many facts on things that I needed to know. Mahalo Mr. Coffee!" "My job is to take care of my mental health and pay attention. This is a problem when you are in denial. One example of denial is blaming someone else for your poor choice. Another example is when you do something that you minimize to make it less than it seems." "To reflect on what we learned I would say that there are various ways and uses I could use this knowledge which was establish today. I could apply this to my daily life by not ever taking a chance with drugs and alcohol...I will remember to gain self-control. Drugs aren't normal and not everyone uses them, don't ever feel

			you have to take drugs or drink alcohol just because everyone else seems to, or because you are stressed out." "Growing up in my community it's sort of hard to not take drugs. It's just there…Growing up in my community surrounded by drugs it just seemed normal to try stuff, just not get addicted…Another thing Mr. Coffee talked about was your mental health. I find that very little of the time I am in good mental health and that really got me thinking."
October 27, 1999	Na Mamo	Secretary	This program is a great opportunity to use our native Hawaiian ancestral values and incorporate into teaching about a safe and drug free environment. Gabe, Paula Ann, and Christine are excellent trainers. The curriculum material is very impressive. Na Mamo will use the program at our monthly general membership meetings.
October 27, 1999	Na Mamo	Secretary	The E Ola Pono program is a great resource for our community here in Southern California. Teaching our children about choices is so valuable. The staff that presented the workshop is very professional and well trained. The curriculum materials presented are excellent for both the adults and children. I would highly recommend

			this program. And being from Hawaii, I hope the Native Hawaiian Safe and Drug Free Schools and Communities Program continue for the benefit of our keiki and ohana.
September 10, 1999	Ainahau O Kaleponi Hawaiian Civic Club	Project Co-Chair	Your staffs' skill and flexibility in presentation met the needs of our inter-generational ohana, ages 10-68 years; Hawaiian, Samoans, Chamorro and Tongan participants; social workers, health educators, program developers, community activists and educators, policy makers and community leaders. Your programs varied activities kept the program active with amazing results. We have laminated the group arts projects and presentations for future workshops to enjoy.
April 21, 1999	Lt. Governor's Office	Lieutenant Governor	Aloha and mahalo for your hard work and dedication to improving the quality of life for families in Waimanalo. I commend you and the staff at the KS/BE Safe & Drug-Free Schools and Community Program for working in partnership with the Waimanalo Health Center to sponsor drug-free activities. I'm sure you will always hold a special place in the hearts of the adolescents and youth whose lives you have touched. Your contribution to Hawaii's families is a prime example

			of community partnership at its best. Time and again, I have seen the incredible difference one person can make when he or she steps forward and gets involved in helping Hawaii's communities. Please encourage others to join you in giving something back to our community, and sharing the Aloha spirit. You inspire others to help Hawai'i's people and show the true meaning of our Aloha spirit. In the words of anthropologist Margaret Mead, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has." I share family and friends' pride in you and your community work. Thank you for making a difference.
December 10, 1999	Hawai'i Association of Secondary School Administrators	HASSA State Coordinator	There is no doubt about it, you were a hit! The comments from participants readily showed their interest in your program and it was obvious that they enjoyed your style of presentation as well. Thank you so very much for your willingness to share. We appreciate your efforts and also the materials that you provided the participants on the Native Hawaiian Drug Free Schools and Communities

			program. Comments were very positive about the curriculum. Though our theme focused on the areas that detract from the usual academics that we try to promote in the schools, the topic was a vital and important one for all of us who need to be watchful of what is going on within our campuses and classrooms. Thank you for helping us to see another view of some positive activities that can result through your methods.